U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

# FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U - 🖁 🧸 🧏

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

|  | 1 / 1 / 2004 Through: 12 / 31 / 2004   |  |  |  |
|--|--|--|--|--|
| . Name and address of person filing.   | 4. Name, file number, and address of labor organization.   |  |  |  |
| Name John T Fultz  | Name Boilermakers Local 175  |  |  |  |
| <b>-</b>   | Labor Organization File Number 000-074   |  |  |  |
| P.O. Box, Bldg., Room No., if any  | DO DO DOLLA DE LA CASA |  |  |  |
| .o. box, blug., room roc., if any  | P.O. Box, Building and Room Number, if any   |  |  |  |
| 1048 Ct. Rt. 20  | Street 28 West Bridge St.  |  |  |  |
| Oswego   | City Oswego  |  |  |  |
| State New York ZIP Code + 4 13126  | - I CONTROL OF THE PROPERTY OF |  |  |  |
|  | State New York ZIP Code + 4 13126  |  |  |  |
| Position in labor organization. Business Manager/Internation   | ional Rep.   |  |  |  |
| netary value from an employer whose employees your organiz   | n, or derived income or other economic benefit of<br>ization represents or is actively seeking to represent.   |  |  |  |
| onetary value from an employer whose employees your organize   | ization represents or is actively seeking to represent.  |  |  |  |
| Name and address of Employer (including trade name, if any).   | 7.a. Nature of Interest, Transaction, or Income.   |  |  |  |
| Name and address of Employer (including trade name, if any).  ame Emcor Services   | ization represents or is actively seeking to represent.  |  |  |  |
| Name and address of Employer (including trade name, if any).  ame Emcor Services   | 7.a. Nature of Interest, Transaction, or Income.  Labor/Management/Owner meeting, golf outing to   |  |  |  |
| Name and address of Employer (including trade name, if any).  ame Emcor Services  rade Name, if any:   | 7.a. Nature of Interest, Transaction, or Income.  Labor/Management/Owner meeting, golf outing to   |  |  |  |
| Name and address of Employer (including trade name, if any).  ame Emcor Services  rade Name, if any:  O. Box, Bldg., Room No., if any  | 7.a. Nature of Interest, Transaction, or Income.  Labor/Management/Owner meeting, golf outing to   |  |  |  |
| Name and address of Employer (including trade name, if any).  ame Emcor Services  rade Name, if any:  .O. Box, Bldg., Room No., if any   | 7.a. Nature of Interest, Transaction, or Income.  Labor/Management/Owner meeting, golf outing to discuss utility industry needs  |  |  |  |
| Name and address of Employer (including trade name, if any).  It is a mean to be a made in a made in any in | 7.a. Nature of Interest, Transaction, or Income.  Labor/Management/Owner meeting, golf outing to discuss utility industry needs  |  |  |  |
| Name and address of Employer (including trade name, if any).  ame Emcor Services  rade Name, if any:  .O. Box, Bldg., Room No., if any  treet 2160 N. Ashland Avenue   | 7.a. Nature of Interest, Transaction, or Income.  Labor/Management/Owner meeting, golf outing to discuss utility industry needs  7.b. Amount.  |  |  |  |
| Name and address of Employer (including trade name, if any).  Iame Emcor Services  Trade Name, if any:  C.O. Box, Bldg., Room No., if any  Itreet 2160 N. Ashland Avenue  ity Chicago  tate Illinois ZIP Code +4 60614-3099  | 7.a. Nature of Interest, Transaction, or Income.  Labor/Management/Owner meeting, golf outing to discuss utility industry needs  7.b. Amount.  \$50  |  |  |  |
| Name and address of Employer (including trade name, if any).  Iame Emcor Services  rade Name, if any:  O. Box, Bldg., Room No., if any  treet 2160 N. Ashland Avenue  ity Chicago  tate Illinois ZIP Code + 4 60614 - 3099  S  S  Signature and verification. The undersigned declares, under penalty submitted in this report (including the information contained in any accomp  | 7.a. Nature of Interest, Transaction, or Income.  Labor/Management/Owner meeting, golf outing to discuss utility industry needs  7.b. Amount.  \$50  Signature  Ty of Perjury and other applicable penalties of the law, that all of the information panying documents), has been examined by the signatory and is to the best of the panying documents.   |  |  |  |
| Name and address of Employer (including trade name, if any).  Iame Emcor Services  rade Name, if any:  C.O. Box, Bldg., Room No., if any  treet 2160 N. Ashland Avenue  ity Chicago  tate Illinois ZIP Code + 4 60614 - 3099   | 7.a. Nature of Interest, Transaction, or Income.  Labor/Management/Owner meeting, golf outing to discuss utility industry needs  7.b. Amount.  \$50  Signature  Ty of Perjury and other applicable penalties of the law, that all of the information panying documents), has been examined by the signatory and is to the best of the panying documents.   |  |  |  |

| Name of Person Filing John Fultz  | File Number U-   |
|---|--|
| B. Held an interest in or derived income or economic benefit with monetary vasubstantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is act (2) any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization. | rwise dealing with the business<br>ively seeking to represent, or<br>directly to, or otherwise   |
| 8. Name and address of Business (including trade name, if any).  Name Northeast Area Apprentice Program  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 297 Burnside Avenue  City East Hartford  State Connecticut ZIP Code + 4 06198   | 9. Business deals with:  a. Labor Organization  b. Trust  c. Employer  |
| 10. If 9.b. or 9.c. is checked give trust or employer's name.  Name   | 11.a. Nature of such dealing.  Provides Trade training for Boilermaker Apprentices   |
| Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4   | 11.b. Approximate dollar value of such dealing. \$2,594,604  12.a. Nature of interest held or income received.  Northeast Full Board Meeeting and Apprentice Awards dinner |
|   | 12.b. Amount. \$68   |
| C. Received from any employer (other than an employer covered undo or from any labor relations consultant to an employer any payment of money   | er parts A and B above)<br>or other thing of value.  |
| Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:   | 14.a. Nature of payment.   |
| P.O. Box, Bldg., Room No., if any   |  |
| City  |  |
| State ZIP Code + 4  |  |
| 13.b. Is the Business an Employer or Consultant ?   | 14.b. Amount of payment.   |

| Name of Person Filing John Fultz | File Number <b>U-</b> |
|----------------------------------|-----------------------|
|                                  | <b>i</b>              |

| 8. Name and address of Business (including trade name, if any). | 9. Business deals with:                           |  |
|---|---|--|
| Name Northeast Area Apprentice Program                          | a. Labor Organization                             |  |
| Trade Name, if any:   |   |  |
| P.O. Box, Bldg., Room No., if any                               | b. Trust  |  |
| Street 297 Burnside Avenue                                      | c. Employer                                       |  |
| City East Hartford  |   |  |
| State Connecticut ZIP Code + 4 06108                            |   | · <del>-</del>   |
| 10. If 9.b. or 9.c. is checked give trust or employer's name.   | 11.a. Nature of such dealing.                     |  |
| Name  | Provides training for Boilermaker                 | Apprentices  |
| Trade Name, if any:   |   |  |
|   |   |  |
| P.O. Box, Bldg., Room No., if any                               |   | ***************************************  |
| Street  |   |  |
| City  |   | A Paris A Carlos   |
| State ZIP Code + 4  | 11.b. Approximate dollar value of such dealing.   | \$2,594,604  |
|   | 12.a. Nature of interest held or income received. |  |
|   | Northeast Full Board meeting and A                | pprentice awards   |
|   |   | Backs, many response   |
|   |   | veriodizinos e ove   |
|   |   | Madellocation  |
|   |   | TO THE STATE OF TH |
|   | 12.b. Amount.                                     | \$45   |

| Name of Person Filing John Fultz | File Number <b>U-</b> |
|----------------------------------|-----------------------|
|                                  |                       |

|   | ****   |             |   |                  |
|---|--|-------------|---|------------------|
| 8. Name and address of Business (include        | ding trade name  | e, if any). | 9. Business deals with:   |                  |
| Name Boilermaker Health and                     | Welfare  |             | a. Labor Organization   |                  |
| Trade Name, if any:                             |  |             | di Zaboi Giganization   |                  |
| P.O. Box, Bldg., Room No., if any               |  |             | b. Trust  |                  |
| Street 754 Minnesota Ave.Suit                   | e 522  |             | c. Employer   |                  |
| City Kansas City                                |  |             |   |                  |
| State Kansas                                    | ZIP Code + 4   | 66101       |   | · -              |
| 10. If 9.b. or 9.c. is checked give trust or em | ployer's name.   |             | 11.a. Nature of such dealing.   |                  |
| Name  |  |             | Trustee for Boilermaker Health and  | Welfare Trust    |
| Trade Name, if any:                             |  |             |   |                  |
| P.O. Box, Bldg., Room No., if any               | errifelde blitte fan de de steel fan de fan de reuwen oan de steel werde steel werde steel de steel fan de ste |             |   |                  |
| Street  |  |             |   |                  |
| City  |  |             |   |                  |
| State   | ZIP Code + 4   |             | 11.b. Approximate dollar value of such dealing.   | \$201,000,000    |
|   |  |             | 12.a. Nature of interest held or income received.   |                  |
|   |  |             | Attend Full Board meeting discuss cost and benefit changes. Reimbursment for travel expense | changes to plan, |
|   |  |             | 12.b. Amount.   | \$1,003          |

| 8. Name and address of Business (including trade name, if any). | 9. Business deals with:                                    |  |
|---|--|--|
| Name Boilermaker Health and Welfare                             | a. Labor Organization                                      |  |
| Trade Name, if any:   | a. Labor Signification                                     |  |
| P.O. Box, Bldg., Room No., if any                               | b. Trust   |  |
|   | c. Employer  |  |
| Street 754 Minnesota Ave. Suite 522                             |  |  |
| City Kansas City  |  |  |
| State Kansas ZIP Code + 4 66101                                 |  |  |
| 10. If 9.b. or 9.c. is checked give trust or employer's name.   | 11.a. Nature of such dealing.                              | 100000000000000000000000000000000000000  |
| Name  | Trustee for Boilermaker Health and                         | Welefare Trust   |
| Trade Name, if any:   |  |  |
|   |  | TO A STATE OF THE  |
| P.O. Box, Bldg., Room No., if any                               |  | ***************************************  |
| Street  |  | e acception of the control of the co |
| City  |  |  |
|   |  | general de la companya de la company |
| State ZIP Code + 4  | 11.b. Approximate dollar value of such dealing.            | \$201,000,000  |
|   | 12.a. Nature of interest held or income received.          | Allers groves and a result of the contract of  |
|   | Attend Full Board meetings discuss cost and Drug Benefits. | Plan changes   |
|   | Reimbursment for travel expense.                           | e de constante de  |
|   |  | PARTICIPATION TO THE PARTICIPA |
|   |  |  |
|   |  | Province in the control of the contr |
|   |  | 706184 mc/m200-m   |
|   |  |  |
|   | 12.b. Amount.  | \$893  |

| Name of Person Filing John Fultz | File Number <b>U-</b> |
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|                                  |                       |

| 8. Name and address of Business (including trade name, if any). | 9. Business deals with:   |
|---|---|
| Name Boilermaker Health and Welfare  Trade Name, if any:        | a. Labor Organization   |
| P.O. Box, Bldg., Room No., if any                               | b. Trust  |
| Street 754 Minnesota Ave Suite 522                              | c. Employer   |
| City Kansas City  |   |
| State Kansas ZIP Code + 4 66101                                 |   |
| 10. If 9.b. or 9.c. is checked give trust or employer's name.   | 11.a. Nature of such dealing.                                       |
| Name  | Trustee for Boilermaker Health and Welfare Trust                    |
| Trade Name, if any:   |   |
| P.O. Box, Bldg., Room No., if any                               |   |
| Street  |   |
| City  |   |
| State ZIP Code + 4  | 11.b. Approximate dollar value of such dealing. \$201,000,000       |
|   | 12.a. Nature of interest held or income received.                   |
|   | Attend Full Board meetings discuss benifit changes and future costs |
|   | 12.b. Amount. \$1,131   |

| Name of Person Filing | John Fultz | File Number U- |
|-----------------------|------------|----------------|
|                       |            |                |

| 8. Name and address of Business (includ               | ing trade name | e, if any).  | 9. Business deals with:                           |               |
|---|----------------|--|---|---------------|
| Name FCI  |                |  | a. Labor Organization                             |               |
| Trade Name, if any:                                   |                | The second secon |   |               |
| P.O. Box, Bldg., Room No., if any                     |                |  | b. Trust  |               |
| Street 442 West 47 Street                             |                |  | c. Employer                                       |               |
| City Kansas City                                      |                |  |   |               |
| State Missouri  | ZIP Code + 4   | 64112  |   |               |
| 10. If 9.b. or 9.c. is checked give trust or emp      | oloyer's name. |  | 11.a. Nature of such dealing.                     |               |
| Name Boilermaker Health and                           | Welfare Tr     | ust  | Trustee for Boilermaker Health and                | Welfare       |
| Trade Name, if any: P.O. Box, Bldg., Room No., if any |                |  |   |               |
| Street 754 Minnesota Ave. Suit                        | e 522          |  |   |               |
| City Kansas City                                      |                |  |   |               |
| State Kansas  | ZIP Code + 4   | 66101  | 11.b. Approximate dollar value of such dealing.   | \$201,000,000 |
|   |                |  | 12.a. Nature of interest held or income received. |               |
|   |                |  | Attend FCI dinner with all Trustee                | ∍s            |
|   |                |  | 12.b. Amount.                                     | \$75          |